

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|  |   |
|--|---|
| 1. File Number U - <u>7918</u>   | 2. Fiscal Year Covered From:<br><u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>  |
| 3. Name and address of person filing.<br>Name <u>DOUGLAS A. PIANT</u><br>P.O. Box, Bldg., Room No., if any<br>Street <u>1280 South Summit</u><br>City <u>HOLTS Summit</u><br>State <u>MISSOURI</u> ZIP Code + 4 <u>65043</u> | 4. Name, file number, and address of labor organization.<br>Name <u>SHEET METAL WORKERS' LOCAL #36</u><br>Labor Organization File Number <u>095367</u><br>P.O. Box, Building and Room Number, if any<br>Street <u>301 SOUTH EWING AVE</u><br>City <u>ST. LOUIS</u><br>State <u>MISSOURI</u> ZIP Code + 4 <u>63103</u> |
| 5. Position in labor organization.   |   |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|  |  |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |  |
| 6. Name and address of Employer (including trade name, if any).<br>Name<br>Trade Name, if any:<br>P.O. Box, Bldg., Room No., if any<br>Street<br>City<br>State ZIP Code + 4  | 7.a. Nature of Interest, Transaction, or Income.<br><br>7.b. Amount. |

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/5/2005

Date

(573)642-7833

Telephone Number

|                       |                |
|-----------------------|----------------|
| Name of Person Filing | File Number U- |
|-----------------------|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

CENTRAL MISSOURI CONTRACTORS & SHEET METAL WORKERS

Name LOCAL #31 JOINT APPRENTICESHIP & TRAINING COMMITTEE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

P.O. Box 471

Street 101 INDUSTRIAL ROAD

City FULTON

State MISSOURI

ZIP Code + 4 65251

11.a. Nature of such dealing.

WAGES FOR ATTENDING REGIONAL APPRENTICE CONTEST

3-19/3-20-04 = \$407.36  
16 HOURS

11.b. Approximate dollar value of such dealing.

\$407.36

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.



August 9, 2005

U.S. Department of Labor  
200 Constitution Avenue  
Washington, D.C 20210

Re: Curtis E. Chick, Jr., Russell Unger, Doug Piant  
Revised LM-30 (used wrong Labor Organization File Number)

Dear Sir and Madam:

Please accept the filing of the enclosed 2004 LM-30. The information contained in the enclosed LM-30 report is based on our best effort to make a good faith reconstruction of events occurring in 2004. If we recall any additional reportable details, we will prepare and file an amended LM-30 report.

Russ Unger  
Sheet Metal Workers' Local #36

Doug Piant  
Sheet Metal Workers' Local #36

Curtis E. Chick, Jr.  
Business Representative  
Sheet Metal Workers' Local #36